MCH/HEALTHTRACKS PEDIATRIC ASSESSMENT

ND DEPARTMENTOF HUMANSERVICES
MEDICAL SERVICES
SFN 1819 (Rev. 6-2005)

Date of Screening
MA I.D. No.
Program

Name	Date of Birth	Race	Sex ☐M ☐F	Age at Visit
Accompanied By	Recent Illness/Accidents/Medicines/Prenatal Concerns		Telephone Number	

I. HEALTH INFORMATION

Parent's Name

Address

Height	%	Weight	%	BMI	%	Head Circumference	%
BP		TPR		Hgb		UA	

Lead Screening ☐NA ☐Blood Draw ☐Questionnaire

	Y	N
Tobacco Use by Child?	☐	☐
Secondhand Smoke in Home/Car/Child Care?	☐	☐
Smokeless Tobacco Use in Home?	☐	☐

II. REVIEW OF SYSTEMS

GENERAL: No problem, fever, fatigue, increased weight, decreased weight, anemia

HGB ☐NA ☐Referred

EYES: No problem, crossed, squints, blurred vision, discharge: OD _____ OS _____ TEST _____
Color perception _____

ENT/MOUTH: No problem, sore throat, tonsillitis, O.M., sinus, teeth, gums:

Orthodontic ☐NA ☐Referred
Hearing Lt: _____ Rt._____

RESP. CARDIAC: No problem, cough, wheezes, asthma, pneumonia, increased BP, cyanosis, murmur:

GI: No problem, constipation, diarrhea, vomiting, abd. pain, anemia, parasites:

GU/REPRODUCTIVE: No problem, burning, freq. UTI, hematuria, enuresis:

MUSCULOSKELETAL: No problem, muscle weakness, floppy, rigid, cramps, clumsy, joint pain, growing pains:

SKIN: No problem, rashes, bruising tendencies, allergies, parasites:

NEURO: No problem, head trauma, headaches, seizures, lead, tremor, dizziness, soft signs:

ENDOCRINE: No problem, heat or cold intolerance, increased thirst, hunger or urination:

III. PHYSICAL ASSESSMENT

	Finding	COMMENTS
Head: / Neck		
Eyes:		
Ears:		
Nose:		
Dental / Throat		
Chest: / Heart		
Lung:		
Abdomen:		
Genitalia: / U.A.		
Spine:		
Limbs:		
Skin:		
Neuro:		
Imm.:		

REFERRAL KEY:

1. Positive findings - refer for D & T
2. Positive findings - no referral, under treatment
3. Positive findings - parent/recipient refused referral
4. Screening not completed
5. Negative findings
6. Positive results - treated on-site
7. Anticipatory Guidance
8. See Comments

DENTAL SCREENING

1. Has child previously seen a dentist? ☐Yes ☐No

2. Has urgent/emergency need for dental care? ☐Yes ☐No

Comments:

NUTRITION

Is child on WIC? ☐Yes ☐No ☐Referral ☐Education

Social/Emotional Screen

	FINDINGS
Development	
Mental Health	
Speech	

COMMENTS:

Health Tracks Coordinator's Signature	Screening Medical Provider Signature	Date

DISTRIBUTION: **Original** - Screening Site **Canary** - County **Pink** - Coordinator